

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SO	7/5/16	4/28/10
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	M. M.	7/15/29	6-29-00
RESPONSE FORMALITY REVIEW	<del>SO</del>	1091	7-30-01

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final Original	
1	1/21/67
2	6/24/67
3	11/16/67
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheets here

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(LEFT INSIDE)